





1	. Date of Request:	10/31/15	2. Requesto	or:	_Linda Miniscalco	
3	. Address of Perso	n making the Request:	819 N. Washind	aton Street, Wiln	ninaton, DF 19801	
		er of Person making the				
	ANDIDATE ADS:					
	Name of Candidate:_					
	Name of Candidate's	Authorized Committee:				
		Candidate's Committee:				
		didate for Office of				
		**PLEASE ATTACH REQU				
ı	PRIMARY ELECTION	Democrat	Republican	_ Other		
(	GENERAL ELECTION	Democrat				
		Democrat				
Iss	SUE/ADVOCACY ADS:					
	Name of Organizati	ion Buying Time:CH	IOOSE HEALTH, DE	LAWARE		
		ance:HEALTH I			DDHP	
		and Addresses of Chief Exec			or Board of Directors <mark>Bettina Tweardy Rive</mark>	ros,
If a	Name of Candidate: Candidate's Party Af	tes to a candidate runnir filiation: ndidate:		<del></del>		
8.	Request to Purch	ase Time: _x ACC	EPTED IN WHOLE	ACCE	PTED IN PART REJECTED	
9. 10. the tim tim from Req	DMA_phila_, If request to pure advertisement rela e purchased, rates es the advertiseme n an issue/advoca puest in the Politica	Interconnect ( Y or N), chase time is ACCEPTED ates to an issue of <u>nation</u> charged, class of time point aired and place in the cy advertiser and the all File.	Zones:WILM, (in whole or in par nal importance att urchased), (ii) Invo	MDLT, CDEL_ t) from Candid ach a copy of pice, and (iii)	date or from an issue/advocacy advertise (i) the Insertion Order (including schedu Affidavit of Performance indicating dates rchase time is ACCEPTED (in whole or in her political issues place only the Reco	ıle ol s and
	ncast Representativ	<del>-</del>				
		Kailis	Da	ite:l0 ,	31.15	
	ne: Susan Kailis ition: Political Spec	ialist				

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